

August 19, 2021 11:03 AM

CLERK OF COURT

U.S. DISTRICT COURT

WESTERN DISTRICT OF MICHIGAN

BY eod / SCANNED BY 60319

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

UNITED STATES DISTRICT COURT

for the

Western District of Michigan

CASSADAY, KEVIN

Plaintiff/Petitioner

v.

TRUMP, DONALD J.

Defendant/Respondent

1:21-cv-710

Paul L. Maloney,
United States District JudgeAPPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____ per
(specify pay period) _____.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

MICHIGAN COURT RULE 2.002(C)(6)

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4. Amount of money that I have in cash or in a checking or savings account: \$ _____.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

I HAVE SAVINGS FOR TAXES,
TRUCK PAYMENT,
TRUCK INSURANCE,
SOME RETIREMENTS/STOCKS
CREDIT CARD PAYMENT; MEDICINE

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

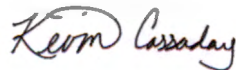
WIFE PAYS HOUSE & OTHER BILLS

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 08/17/2021



Digitally signed by Kevin Cassaday
Location: 1804 GUENTHER AVE;
LANSING, MI 48917
Date: 2021.08.17 22:36:16 -04'00'

Applicant's signature

KEVIN CASSADAY

Printed name



Social Security Administration Benefit Verification Letter

Date: June 2, 2021
BNC#: 21NH229G91454
REF: A


KEVIN W CASSADAY
1804 GUENTHER AVE
LANSING MI 48917-8524

0101BEV4901M2NC CCM.M72.BEV49.R210602

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2020, the full monthly Social Security benefit before any deductions is \$1,559.80.

We deduct \$148.50 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,411.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

We found that you became disabled under our rules on July 8, 2014.

Information About Past Social Security Benefits

From December 2019 to November 2020, the full monthly Social Security benefit before any deductions was \$1,539.80.

We deducted \$144.60 for medical insurance premiums each month.

The regular monthly Social Security payment was \$1,395.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

See Next Page

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Date of Birth Information

The date of birth shown on our records is October 10, 1981.

Medicare Information

You are entitled to hospital insurance under Medicare beginning January 2017.

You are entitled to medical insurance under Medicare beginning September 2019.

Your Medicare number is [REDACTED]. You may use this number to get medical services while waiting for [REDACTED] ard.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 1-877-512-5944. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
5210 PERRY ROBINSON
LANSING MI 48911

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration